

**Indiana State Department of Toxicology
Breath Test Instrument
Repair Request**

DATE:

DEPARTMENT:

COUNTY:

CONTACT PERSON:

PHONE NUMBER:

INSTRUMENT TYPE: **BAC DATAMASTER**

Serial Number:

PROBLEM WITH INSTRUMENT:

SUBMITTED

BY: _____

Please fax this request for repair to the Indiana State Department of Toxicology

FAX: (317) 278-2836

**This information will be passed on to the Inspector in your area promptly during our business hours of
Monday - Friday 8 am to 5 pm.**

ISDT: 015